There is no scientific data published to demonstrate increasing incidence of thyroid problem in the country. As per a survey conducted in 275 Districts in 25 States and 4 UTs, 235 Districts were reported to be endemic with prevalence level of more than 10%.

(c) The Indian Council for Medical Research study carried out in 1984—86 on the prevalence of goitre in 14 Districts of 3 States indicated an overall prevalence of goitre to be about 21%.

Master Plan of IGRI, Shillong

1921. SHRI ONWARD L. NONGTDU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a conceptual plan has been incorporated in the Project Report and Master Plan of the North-Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong;

(b) if not, by when the master plan would be prepared and finalised; and

(c) by when construction of buildings at the permanent site of the Institute would start?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) The draft concept plan submitted by the Institute is being reviewed in the Ministry for incorporating in the Project Report and Master Plan. The construction of building at the permanent site of the Institute would be started after the plan and estimates are finalised and approval of competent authority obtained.

स्वापक पदार्थों के प्रयोग में वृद्धि

1922. **श्री राजनाथ सिंह 'सूर्य'**: क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या यह सच है कि देश में स्वापक पदार्थों का उपयोग बढ़ता जा रहा है;

(ख) यदि हां, तो इसका स्वरूप क्या है;

(ग) क्या सरकार इस संबंध में कोई नई रणनीति बनाने पर विचार कर रही है; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्य मंत्री (श्री दलित एजिलमलाई): (क) और (ख) जी हां। विभिन्न अध्ययनों और रिपोर्टों से गलियों में घूमने वाले बच्चों, परिवहन कामगारों, देह व्यापार में लगे लोगों, मलिन बस्तियों और सीमावर्ती क्षेत्रों के पास में रहने वाले लोगों जैसे कुछ संवेदनशील वर्गों में औषध दुरुपयोग की घटनाओं में वृद्धि होने का पता चलता है।

(ग) और (घ) स्वास्थ्य और परिवार कल्याण मंत्रालय ने नशामुक्ति केन्द्रों को चलाने के लिए 82 सरकारी मेडिकल कालेजों/जिला स्तरीय अस्पतालों को सहायता प्रदान की है जिनमें उत्तर पूर्वी क्षेत्र में 25 केन्द्र भी शामिल हैं। रोगियों के उपचार के लिए समुदाय आधारित दूर-दराज सेवाएं प्रदान करने के लिए कुछ प्रायोगिक परियोजनाएं और अभिनव नीतियां चलाई गई हैं।

सामाजिक न्याय और अधिकारिता मंत्रालय नशामुक्ति, पुनर्वास और परामर्शी केन्द्रों के लिए 278 गैर-सरकारी संगठनों और प्रिंट और इलेक्ट्रानिक मीडिया के माध्यम से जागरूकता कार्यक्रमों के लिए सहायता प्रदान कर रहा है।

Children suffering from Leprosy

1923. SHRI PARMESHWAR KUMAR AGARWALLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that a large number of children are suffering from Leprosy; and

(b) if so, details of steps taken to check the spread of the disease among children and for effective treatment of those already afflicted?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) Out of total registered Leprosy cases, 13—20% are children below 15 years. A significant number of them are early self healing

type. To check the spread of this disease among children and for effective treatment of the affected patients following steps have been taken;

(i) Adequate funds and MBT drugs have been provided to the district leprosy societies. Provision of single dose Multi Drug therapy has been introduced to treat early cases.

(ii) Public awareness activities have been undertaken to make people including children aware of the facts about Leprosy.

(iii) Hidden cases have been identified through a special search activity in general pupulation including children.

Linkages of D.C.G.I. with Test Laboratories

1924. MISS MABEL REBELLO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Drugs Controller General (India) has appointed private consultants;

(b) if so, the details thereof;

(c) whether it is also a fact that D.C.G.I. has personal linkages with various test laboratories for drug approvals; and

(d) if so, whether the matter has been investigated; if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) No such instance has come to the notice of Government.

(b) Does not arise.

(c) No specific evidence relating to personal linkages of DCG(I) with various test laboratories for drug approvals is available with Government.

(d) Does not arise.

Laboratory Methods to Test the Quality of Drugs

1925. MISS MABEL REBELLO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there are no laboratory methods to test the qualtiy of drugs, as given in the Pharmacoporia, available in the country;

(b) if so, what steps are being taken to provide such facilities in Government testing labs and the charges being collected for such tests;

(c) whether private laboratories are also approved by Government for doing such tests and what are their charges for such test; and

(d) whether Government monitor these laboratories to check reliability of data; if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Drug testing laboratories both in Government Sector as well as private sector undertake testing on the basis of methods prescribed in Indian Pharmacopoeia or in the pharmacopoeias in which the particular drug is listed.

(b) Pharmacopoeias may prescribe newer methods of testing, and facilities available with Government laboratories are augmented from time to time by way of additional, newer testing instruments, training to analysts, workshops etc. The fees for different tests and analyses are specified in Schedule B of Drugs & Cosmetics Rules, 1945.

(c) Under the Drugs & Cosmetics Rules, 1945, private laboratories are licensed by the State Licensing Authorities. Under the Act, there is no separate provision for fixing charges for tests in such laboratories.